

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 14
OMB NO.: 0938-

State: New Jersey

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

DHS/DYFS 1902(a)(10) /X/
(A)(ii)(VIII)
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

X 21
— 20
— 19
— 18

TN No. 91-43
Supersedes
TN No. 86-17

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

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Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

IV-A 42 CFR 435.223 9. Individuals described below who would be eligible
for AFDC if coverage under the State's AFDC plan
were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

 Individuals under the age of--
 21
 20
 19
 18
 Caretaker relatives
 Pregnant women

TN No. 91-43
Supersedes
TN No. **New**

Approval Date FEB 26 1992

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 /X 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - X (1) All aged individuals.
 - X (2) All blind individuals.
 - X (3) All disabled individuals.

TN No. 91-43
Supersedes
TN No. 86-17

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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|----------------|--------------|-----|---|
| 42 CFR 435.230 | X | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | X | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | X | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | X | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — | (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-43
Supersedes
TN No. 86-17

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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes.

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-43

Supersede

TN No.

New

Approval Date

FEB 26 1992

Effective Date

OCT 1 1991

HCFA ID: 7983E

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.120
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- ___ (1) All aged individuals.
- ___ (2) All blind individuals.
- ___ (3) All disabled individuals.

TN No. 91-43
Supersedes
TN No. 87-14

Approval Date SEP 26 1991

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Agency*	Citation(s)	Groups Covered
IV A	1902(a)(10) ^X (A)(ii)(IX) and 1902(l) of the Act, P.L. 99-509 (Sections 9401(a) and (b))	<p>13. The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to 100 percent of the Federal nonfarm poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <p>(a) Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective April 1, 1987);</p> <p>^X (b) Children who have attained one year of age but not attained two years of age (effective October 1, 1987);</p> <p>— (c) Children who have attained two years of age but not attained three years of age (effective October 1, 1988);</p> <p>— (d) Children who have attained three years of age but not attained four years of age (effective October 1, 1989);</p> <p>— (e) Children who have attained four years of age but not attained five years of age (effective October 1, 1990).</p> <p>Infants and children covered under items 13(a) through (e) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p>

*Agency that determines eligibility for coverage.

TN No. 87-16

Supersedes

TN No. 87-14

Approval Date SEP. 4 1987

Effective Date JUL. 1 1987

HCFA ID: 1036P/0015P

Agency* Citation(s)

Groups Covered

IV A

The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

☒ Yes.

☐ Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

☒ 14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

☒ As determined under section 1614(a)(3) of the Act; or

☐ As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

☐ Under SSI;

☐ Under the State's more restrictive financial criteria; or

☒ Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 83-4

Supersedes

TN No. 84-14

Approval Date MAR. 31 1988

Effective Date FEB. 1 1988

HCFA ID: 1036P/0015P

Agency*	Citation(s)	Groups Covered
IV-A	Sec 4101(a) PL 100-203 Sec 1902L (1) (A) (B) of the Act	<p><u>X</u> 14Z The following individuals who are described in Section 1902L(1) (A) (B) of the Act whose income level (established at an amount up to 185% of the Federal non farm poverty line) specified in Supplement 1 page 2a to <u>Attachment 2.6A</u> for a family of the same size including the woman or infant under one who meet the resource standards specified in Supplement 2 to <u>Attachment 2.6A</u>.</p> <p>(a) Woman during pregnancy (and during the 60 day period beginning on the last day of pregnancy) and infants under one year of age (effective July 1, 1988).</p> <p>(b) The resource standard & methodology applied to the pregnant woman.</p> <p><u>X</u> The State does not apply a resource standard.</p> <p>— The State applies a resource standard not more restrictive than AFDC.</p> <p>(c) The resources standard & methodology applied to the child under one year.</p> <p><u>X</u> The State does not apply a resource standard.</p> <p>— The State applies a resource standard not more restrictive than SSI.</p> <p>(d) where the gross income of the pregnant woman or child (less child care expenses) exceeds 150% of the FPL for a family of relevant size a premium not to exceed 10% of the excess may be applied.</p> <p><u>X</u> The State does not apply a premium.</p> <p>— The State applies a _____ percent premium.</p>

TN NO. 91-14

SEDES TN NO. New

APPROVAL DATE OCT 10 1991

EFFECTIVE DATE JUL 1 1991

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-43

Supersedes

TN No. 86-17

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E